



# State of New Jersey

DEPARTMENT OF CORRECTIONS

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*Governor*

DEVON BROWN

*Commissioner*

## **MINUTES OF Pre Bidder Conference Residential Community Release Agreement Programs (RCRP) Request for Proposals (RFP)**

**Date and Time:** Thursday, March 11, 2004, 10:00 a.m.

**Place:** New Jersey Department of Corrections (NJDOC)  
Administrative Offices  
Trenton, NJ  
Harris Building Auditorium

**NJDOC Panel:** Anthony C. Falcone, Director, Office of Community Programs (OCC)  
Robert Worden, Director, Division of Administration  
Barbara Kutryzba, Director, Office of Financial Management  
Richard Cevasco, Ph.D., Assistant Director, Division of Operations  
James Dorsey, Bureau Chief, Contract Administration (OCC)  
Roberta Parachini, Supervising Contract Administrator (OCC)  
Glenda Stribling, Supervisor, Contract Compliance Unit (OCC)  
Loretta Hatez, Supervising Program Support Specialist (OCC)

Director Falcone commenced the mandatory pre bidder conference at 10:10 a.m. today by welcoming everyone on behalf of the Commissioner and the NJDOC. Following the introduction of the Department's panel, James Dorsey, Bureau Chief, Contract Administration, discussed:

- the application to contract, which must be submitted by all potential bidders, prior to submission of proposals; however, existing providers may submit the application with their proposal
- the revised time line for proposal submission (Friday, April 23, 2004, 4:00 p.m.), the date of award (Wednesday, June 2, 2004), and a firm start-up date (July 1, 2004); and,
- the evaluation/scoring process.

Supervisors Loretta Hatez and Glenda Stribling presented helpful facts about our community programs and a brief slide show about performance-based standards respectively. There were handouts for each presentation.

The following are the attendees' questions and/or concerns and our responses to them:

1. **Question/Concern: (In response to Mrs. Hatez's presentation)** What does a positive psychological evaluation mean. Our program receives inmates on psychotropic meds.

**Response:** A licensed psychologist clinically assesses every inmate. Inmates that are diagnosed with mental illness are approved for community release as long as they are stable and can handle the less-structured programming in a RCRP. Inmates that are maintained on psychotropic medication are also approved for community release, again as long as they are stable.

2. **Question/Clarification: (Refers to fact sheet handout, page 2)** It is written that employed inmates are responsible for paying 30% of their weekly gross wages toward maintenance. Do you mean net wages?

**Response:** We erred when we responded that you were correct (30% of net wages). As written on our fact sheet, **gross** wages is correct, minus state and federal taxes.

3. **Question: (Refers to Mrs. Stribling's presentation and Exhibit P. Surveillance Tools)**  
Do we need to respond to the NJDOC's surveillance tools in our proposal?

**Response:** No, at this time this exhibit is to be used as a guide as to what the NJDOC's Contract Compliance Unit will be monitoring in all future performance-based contracts. However, you may find it assists you in preparing your Quality Control Plan and/or your Outcome Measurement Plan.

4. **Question/Clarification: (NJAC) (Refers to the NJDOC responses to written questions 5 and 28 that were submitted to us as a result of the Request for Information.)**

The October, 2003 NJDOC response to question 5. in regard to substance use disorder treatment center licensing, advised that these facilities must be licensed by the Department of Health and Senior Services (DOHSS). Is this going to be enforced?

**Response:** No. The NJDOC responses were written and mailed to the bidders' list prior to finalization of the RFP. As now written in the RFP,

(1) 4.2 Licensure, page 24, "*The residential community release programs must be licensed by either the New Jersey Department of Community Affairs (DCA) or the New Jersey Department of Health and Senior Services (DOHSS).*"

(2) 6.8 Substance Use Disorder Counseling and Supportive Services, pge 31, "*Substance use disorder treatment services must comply with the Department of Health and Senior Services Regulations and General Requirements.*"

5. **Question: (Kintock)** In regard to the number of desired beds in each region, can you explain the thinking behind the shift since the demographics do not support it.

**Response:** Those numbers are "desired" but not written in stone.

6. **Liquidated Damages:**

**Concern: (CUE)** The NJDOC would be placing some of the smaller programs in jeopardy if liquidated damages were assessed, and

**Questions: (NJAC)** How will liquidated damages be applied? It is not clear. Can you be more specific? What is the purpose of inclusion in the RFP? Can we appeal assessed liquidated damages if for example, (1) we bring to the NJDOC's attention that we feel we have received an inappropriate referral (high risk), but (2) the NJDOC directs us to keep that inmate on our roster, and (3) the inmate escapes? Whose problem is it?

**Response:** Liquidated damages will not be punitive. They will only be assessed if a provider is found to have been negligent. It is a process for the NJDOC to recoup some of their expenses associated with negligence or contract non-compliance; i.e., injuries sustained by an inmate in a motor vehicle accident because a program van or car was not properly maintained. Any escape due to program non-compliance, i.e., understaffing or insufficient population counts would be considered negligent and liquidated damages would be assessed.

7. **Concern: (NJAC)** The RFP dictates that our budget be based on 95% occupancy. However, we have not been operating to capacity for a year and a half. The NJDOC expects us to hire staff in order to be in contract compliance but in turn is not filling our beds to capacity. This is costing us money.

**Response:** The NJDOC has tried to maintain all programs to at least 90% capacity. We are sensitive to this situation and have been involved in weekly bed-fill meetings with other divisions and offices in an ongoing attempt to increase RCRP applications.

8. **Questions: (Kintock)** In the overall budget, are maintenance fees factored into it? Is it about 10%?

**Response:** The average maintenance fees collected across the board is 6%. The amount is deducted and kept by the program. The budget is \$45 million net so the maintenance fees are not factored into it. The NJDOC uses 5% vacancy and 6% maintenance factors to come up with the budget amount.

9. **Question: (various sources)** Will the NJDOC release the list of potential bidders that attended the conference, as well as the companies that are awarded contracts?

**Response:** The potential bidders that attended the conference are listed on the last page of these Minutes. The NJDOC will announce contract awardees on the DOC Web Site.

The following questions were written and given to us at the conclusion of the conference.

1. **Question: (Kintock)** Regarding the necessity of back-up generators (page 26, Section 4.11 of RFP), does the NJDOC expect the costs of installing, maintaining and obtaining permits for back-up generators to be factored into the per diem? We worked some preliminary figures and the costs to have back-up generators in Newark\* and Bridgeton would be \$320,000. Might the NJDOC consider an emergency power generation that would limit the need of back-up generators to only the wattage necessary to power refrigerators and limited lighting?

**\*Newark has 5 of 6 buildings that would require separate generation systems.**

**Response:**

Each facility must be equipped with an emergency power generation system that would allow for sufficient lighting to illuminate the perimeter for at least 12 hours. The emergency power generation system must also be equipped with sufficient interior lighting to allow for appropriate and secure supervision of inmates, as well as allow for telephone services.

Generation system plans must satisfy these conditions and be submitted with proposals. It is understood that any related costs are the responsibility of the contractor and are to be factored into the operating costs and spread over the life of the contract.

2. **Question: (EHCA)**

Section I, 5.1, pp. 7-8 states "The contractor must include an outcome measurement plan in the bid response." Where should this be placed in the proposal response? This is not covered in Section 6.7 (Proposal Format and Content).

**Response:** The outcome measurement plan must be submitted with your proposal as written in 5.1 Outcome Measurement (p. 8) and again in 6.2 Bid Response Requirements 2. (p. 9).

3. **Question: (EHCA)**

Section I, 6.2, pp. 9-10 lists sixteen items that must be included in the response. Where should these items be placed in the proposal response? This is not covered in Section 6.7 (Proposal Format and Content) and many of these items are not included in the Statement of Work.

**Response:** This section was written to recap most of the bid response requirements mentioned throughout the RFP. Some items should be included in your personnel section, others submitted with your application to contract, some in your narrative, etc.

4. **Question: (EHCA)**

Section I, 6.7, p.14 asks the bidder to propose a deliverable item for each task and subtask and defines a deliverable as "evidence of work completed". Many of the tasks and subtasks in the proposal are already in place and "completed" at currently operating ACA facilities. What would be a "deliverable" for those items?

**Response:** The Bidder is to explain how a task or subtask will be addressed or accomplished. Tangible evidence would, of course, be appropriate to the task (staffing reports, job placement statistics, ACA accreditation, etc.). If a task or subtask is already completed or in existence, the bidder could state or demonstrate that status.

**5. Question: (EHCA)**

Section II, Statement of Work - Many subsections of the Statement of Work do not appear to require answers, e.g., Subsection 4.5 - Utilities; Subsection 4.6 - Sounding Devices, etc.

Does each section and subsection of the Statement of Work have to be addressed in the proposal?

**Response:** No. Some subsections are understood to be the contractor's responsibility and will be addressed in required audits, site evaluations, etc.

**6. Question: (EHCA)**

Section II, 2.0, Quality Control Plan, p. 23 says a Quality Control Plan should be submitted to the Office of Community Programs. Should a Quality Control Plan be submitted with the proposal?

**Response:** As written in 6.2 Bid Requirements 3. (p. 9), you must submit your Quality Control Plan with your proposal. Since it is expected that your Quality Control Plan will be an ever-evolving document, your initial plan will be evaluated accordingly.

**7. Question: (EHCA)**

Section II, 5.11, Employee Conduct, p.29 states that standards of employee conduct must include, but not be limited to, the NJDOC's policy and procedures. Where can we access a copy of its policy and procedures manual?

**Response:** The NJDOC's policy ADM.010.001 Standards of Professional Conduct was inadvertently omitted from the RFP exhibits. A copy is herewith attached. The NJDOC is currently in the process of converting/conforming department-wide policies and procedures. Thus you may request individual policies and procedures as needed.

**8. Question: (EHCA)**

Section II, 6.8, p.31: Is it the intent of the DOC that all Residential Community Release Programs be licensed by the Department of Health?

**Response:** Please refer to our response to question number 4.

**9. Question: (EHCA)**

Section II, 6.12, p. 32 states that resident identification cards should include various types of information. Will the information to be placed on the card be forwarded by the State to the Contractors? (e.g., blood type, medical alerts)

**Response:** We are rescinding our instructions to include the inmate's blood type and any medical alerts (problems) on the I.D. card. All other pertinent information can be found in the inmate's folder.

**10. Question: (EHCA)**

Section II, 7.16 (C), p.38: Please define a non-disciplinary return and where can we obtain the NJDOC policy?

**Response:** Please refer to the Exhibits A-O booklet, which was given to you at the pre-bidders conference, specifically Exhibit C, N.J.A.C. 10A:20-4.42 (Residential Community Programs) Nondisciplinary administrative returns.

**11. Question: (EHCA)**

Exhibit E, 3.1.4.11, Hospital Care: Upon admission to the hospital for inpatient care, at what point does the cost of an inmate's medical care, security and transportation become the responsibility of the NJDOC?

**Response:** (This question and our response to it refers to medical care in the assessment and treatment centers.)

When an inmate becomes disabled and clearly not able to participate in a residential community release program, the medical care of this inmate will remain the responsibility of the contracted agency until such time as the NJDOC can review and approve the contractor's petition to discharge and transfer said inmate back to state custody.

If an inmate is transported to a community hospital emergency room, the NJDOC and their contracted medical provider shall be notified immediately. If it is determined that the inmate can be reasonably discharged back to the program within 72 hours, the contracted agency shall remain responsible for the management of the case, as well as related expenses; i.e., emergent care, transportation and a staff escort (the staff escort will be relieved by a NJDOC corrections officer as soon as practicable within said 72 hours).

Once an inmate is admitted to a community hospital and it is determined by the NJDOC and their contracted medical provider that the inmate will not be returned to the program within 72 hours, the associated costs beyond the first three days (inpatient care, security and transportation, excluding transportation from the program to the emergency room) will revert to the NJDOC, provided the NJDOC was appropriately notified of the medical transport to the emergency room. (The NJDOC is in the process of developing medical admission policy, which will incorporate notification procedures.)

Note: The contractor's maximum responsibility for emergent/hospital inpatient care shall be three days (72 hours). If the NJDOC is able to effectuate hospital transfers to St. Francis Medical Center (or if the inmate is already at St. Francis and the case management is transferred to the NJDOC) in less than three days, then the Contractor shall only be responsible for the time up to the transfer.

ACF:JD:RP:rp  
3/30/04  
Attachment:  
Exhibit Q  
NJDOC's Policy ADM.010.001 Standards of Professional Conduct

**Companies that attended conference:**

Amity House  
Catholic Charities  
Center for Urban Education (CUE)  
CURA  
Education Health Centers of America, Inc. (EHCA)  
Firetree, Ltd.  
Integrity  
The Kintock Group  
M. L. King Academy  
New Jersey Association on Corrections (N.J.A.C.)  
Opportunities For All (OFA)  
Spectrum Health Care, Inc.  
United Community Corporation  
Volunteers of America, Greater New York  
Volunteers of America, Delaware Valley